**Please place on LEA Letterhead**

Date

Recipients Name (Current SELPA Director)

Title

Current SELPA Name

Address

City, State, Zip

email address

Dear Name,

Please accept this letter as a formal notification that <LEA/s Name> intends to explore their options for SELPA membership and may exit the <Current SELPA Name> effective school year <Next School Year>.

Per Ed. Code 56195.3(b) the LEA is electing to exercise its right to ensure that <LEA/s Name> is best equipped to meet the needs of students with disabilities, it is considering membership in an alternate SELPA.

If <LEAs Name> finds that it is not in the best interest of its students to exit the <Current SELPA Name> at this time, it retains the right to rescind this notification and remain in the SELPA for the <Next School Year> school year.

Please let me know if you require further information.

Sincerely,

CC: Name, Title, Current Charter Authorizer

Susan Park, Director, Charter Schools Division, CDE

John Burch, Education Administrator, Special Education Division, CDE

Rachel Heenan, Director, Special Education Division, CDE

Name, Title, Proposed SELPA Director, Proposed SELPA Name